Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL-CLAIMS			(<					ATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	385.00	OR	BASIC FEE		
TC	TAL CHARGE	ABLE CLAIMS	ارج mir	nus 20=	*		XS	9=		OR	X\$18=		
INE	DEPENDENT C	LAIMS	2 m	inus 3 =	*		X	13=		OR	X86=		
Мι	JLTIPLE DEPE	NDENT CLAIM P	RESENT							- OH			
* 1f	the difference	a in column 1 is	less than 7	ero enter	"O" in (column 2	<u> </u>	45=		OR	+290=	35.	
- 11			less than zero, enter "0" in column 2				ТО	TAL		OR	TOTAL	770	
	C	(Column 1)	MENDEL	PAR - (Colur)		(Column 3)	SM	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N Q N	Total	* 1	Minus	**		=	X\$	9=		OR	X\$18=		
\ME	Independent	*	Minus	***		=	X4	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 5=		1	+290=		
1-10 19								OTAL		OR	TOTAL		
(Column 1) (Octors 0) (Octors 0)								FEE		OR	ADDIT. FEE		
_	,	(Column 1) CLAIMS		(Colun		(Column 3)							
ENT B		REMAINING AFTER AMENDMENT	-	NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	** .		=	X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X4:	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	_			+290=		
								DTAL		OR	+290= TOTAL		
										OR,	ADDIT. FEE		
		(Column 1)	,	(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$-	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X43	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ō=		ľ		·· -	
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	<u> </u>	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT, FEE		
		mber Previously Paid hber Previously Paid					found in th	ne app	ropriate box	in colu	umn 1.		